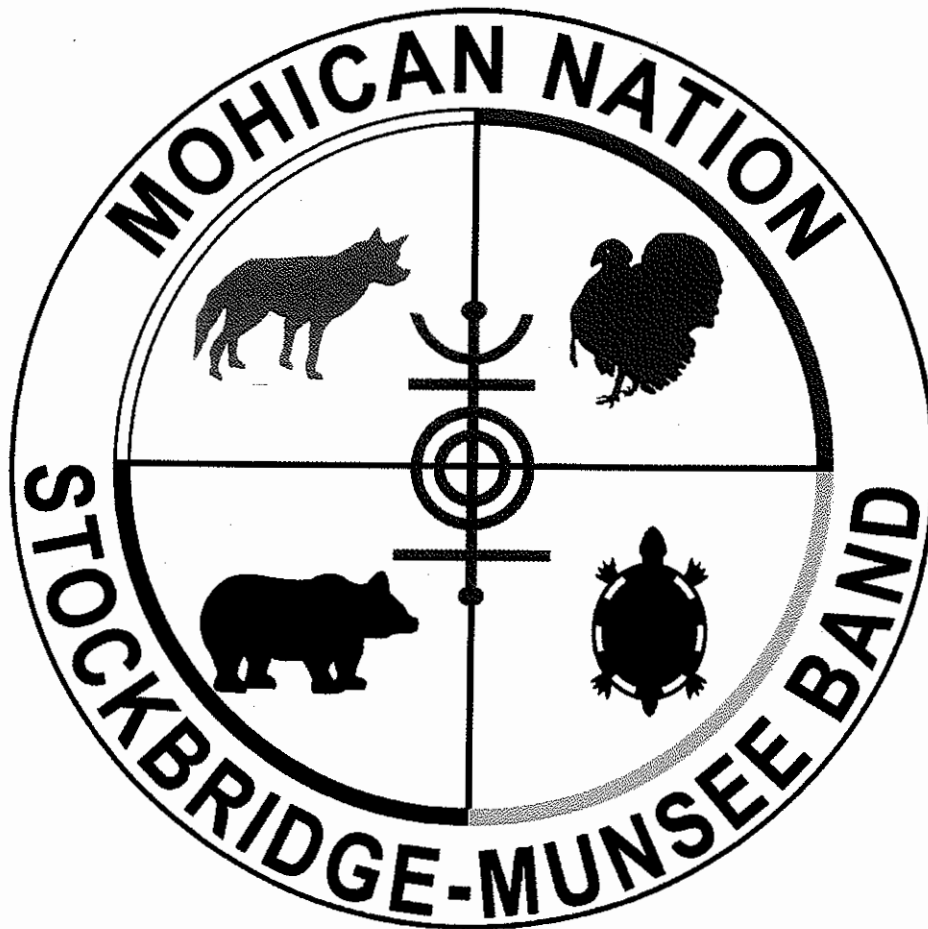


**STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS**



Higher Education Grant Application Packet

Education Department

P. O. Box 70

W13447 Camp 14 Road

Bowler Wisconsin 54416

Phone: 715-793-4100 or 1-800-720-2790 Fax: 715-793-4830

**STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS**

**Higher Education
APPLICATION CHECKLIST**

IMPORTANT! PLEASE READ CAREFULLY.

***New Higher Education applicants, the following forms are required. Incomplete applications will not be processed.**

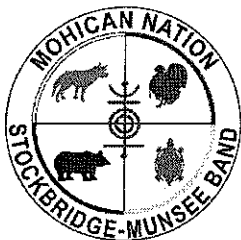
- ✓ S/M Higher Education Application
- ✓ Part 1 of the Wisconsin Indian Student Assistance Grant
Application (in-state only)
- ✓ Signed Statement of Privacy and Release of Information
- ✓ Apply for Free Application for Federal Student Aid (FAFSA)
- ✓ Academic Development Plan (advisor signed)
- ✓ Copy of school's acceptance letter
- ✓ Signed Funding Acceptance Agreement
- ✓ Signed Acknowledgement Form
- ✓ Copy of schedule of classes for term/semester you are enrolled in
- ✓ Proof of selective service registration (male 25 and under)

Submit completed applications to:

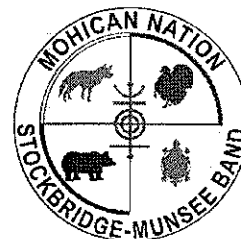
**Education Department
Stockbridge-Munsee Community
P.O. Box 70
Bowler, Wisconsin 54416
Tel 715.793.4100 FAX 715.793.4830**

This application may also be downloaded from the Stockbridge-Munsee Tribe website:

<http://www.mohican-nsn.gov/Departments/Education>



Education, Employment, and Training Division
Stockbridge-Munsee Community
P. O. Box 70
W13447 Camp 14 Road
Bowler Wisconsin 54416
Phone: 715-793-4100 Fax: 715-793-4830
www.mohican.com/eetdept



Education & Employment Services Application

APPLICANT INFORMATION

| | | | | | |
|---|----|-------------------------|-------------|---------------|------------------------|
| First Name | MI | Last Name | Maiden Name | Date of Birth | Social Security Number |
| Street Address | | City | | State | Zip Code |
| Contact Phone | | Alternate Contact Phone | | Email: | |
| Check services applying for today: | | | | | |
| Education: ___ Post-Secondary Training (anything past high school), in accordance with academic development plan and if marked have you applied for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> College/University Attending: _____ | | | | | |
| ___ Occupational Training ___ Financial Aid, (In Demand Occupation ONLY) Please List: _____ | | | | | |
| Employment: ___ Work Experience ___ Youth Employment ___ Summer Youth ___ Independent Living | | | | | |
| Support Services: ___ Uniform ___ Tools ___ Child Care ___ Transportation Assistance ___ Other: _____ | | | | | |

PERSONAL DATA: check and complete all that apply

| | | |
|--|--|--|
| Tribal Affiliation (If Applicable) Tribal Affiliation: _____ Enrollment #: _____ OR Parent Tribal Affiliation & Enrollment #: _____ | Marital Dependents Status: ___ Single-No Children ___ Single with Dependent Children ___ Married-No Children ___ Married with Dependent Children ___ Children ___ Caring for Elders in Home | Are you a U.S. Veteran? Yes ___ No ___ Are you a spouse of a Veteran? Yes ___ No ___ *If no and male, have you registered with selective service? Yes ___ No ___ *If yes, write your Registration # _____ |
| Are you a US Citizen? Yes ___ No ___ | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Employed (circle one): Full- Time, Part-Time, or Seasonal <input type="checkbox"/> Other: _____ | | |
| Education Status: What is the highest degree or level of school you have completed? (If currently enrolled, highest degree received) <input type="checkbox"/> Some High School, No Diploma <input type="checkbox"/> High School Graduate, Diploma or Equivalent (GED, HSED) <input type="checkbox"/> Some College Credit, No Degree <input type="checkbox"/> Trade/ Technical/ Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD | | |

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education, Employment, and Training Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education, Employment, and Training Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education, Employment, and Training Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education, Employment, and Training Program's Handbook

| | | | |
|-----------------------|------|---|------|
| Applicants' Signature | Date | Parent/Guardian Signature (If Applicable) | Date |
|-----------------------|------|---|------|



State of Wisconsin Higher Educational Aids Board

Scott Walker
Governor

P.O. Box 7885
Madison, WI 53707-7885

Telephone: (608) 267-2206
Fax: (608) 267-2808

E-Mail: HEABmail@wisconsin.gov

Web Page: <http://heab.wisconsin.gov>

WISCONSIN INDIAN STUDENT ASSISTANCE GRANT

Academic Year _____

Part I (Completed by Student)

Name and Address: _____ Maiden Name _____ Social Security # _____ Date of Birth _____
_____ (_____) Marital Status: ☐ single ☐ married ☐ separated ☐ divorced

High School Name _____ Telephone # _____
Address _____ High School Type: ☐ public ☐ private ☐ BIA

Name & Address of Postsecondary School you Plan to Attend: _____ High School Graduation/GED Date: _____
_____ Previous Colleges Attended & Dates: _____

Father's Name _____ Mother's Maiden Name _____
Tribe/Reservation _____ Tribe/Reservation _____
Address _____ Address _____

STUDENT STATEMENT (IMPORTANT - READ CAREFULLY)

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge. If granted assistance, I will use it only for educational expenses and purposes. I agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the school. I further agree that I will apply for any financial aid available to me. I request the Office of Student Financial Aid to notify the BIA, State, and Tribe of my financial need and authorize any school I am attending to release a copy of my grade transcript to the BIA, State and Tribe at the end of each academic term. I request that any Bureau scholarship funds be mailed to me in care of the Office of Student Financial Aid or Business Office at the school I attend.

Student/Applicant Signature _____ Date _____

PART II (Completed by Tribal/BIA Office)

I hereby certify that the above named applicant is _____ degree _____ Indian
blood according to available records. (Name of Tribe)

Certifying Official Signature _____ Date _____

Name & Address of Tribal Education Office: _____
FAX Number _____

EXCEPTION STATEMENT

This is to certify that the above-named person, who has been unable to be certified as having at least one-quarter Indian blood by an appropriate Indian agency:

- ☐ Will be recognized as a member of the _____ Tribe for the purpose of the State of Wisconsin Indian Assistance Program.
- ☐ Has a combination of blood degrees totaling one-quarter but is unable to be certified as a member of any tribe. Complete certification below.

| Degree | Tribe | Certifying Official Signature | Date |
|--------|-------|-------------------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total Degree of Indian Blood _____

- INSTRUCTIONS & STUDENT FINANCIAL AID REVIEW ON BACK -



Education & Employment and Training Division

Stockbridge-Munsee Community

P. O. Box 70

W13447 Camp 14 Road

Bowler Wisconsin 54416

Phone: 715-793-4100 or 1-800-720-2790 Fax: 715-793-4830

www.mohican-nsn.gov



ACADEMIC DEVELOPMENT PLAN

Academic Year: -

(Please complete after you have registered)

If applicable, Please select: 1/4-TIME: 1-5 credits ☐ 1/2-TIME: 6-8 credits ☐ 3/4-TIME: 9-11 credits ☐ FULL-TIME: 12+ credits ☐

| | | | |
|--------------------------|--|----------------------------|----------------------------|
| First Name | MI | Last Name | Social Security Number |
| Declared Major/ Minor | College/University Attending | College/University Address | College/University Phone # |
| Expected Graduation Date | Please indicate what grade level you will be in for semester checked below: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional | | |

IMPORTANT: COMPLETE ENTIRE NEXT SECTION

| PLEASE CHECK ONE BOX ONLY <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | | | | | |
|---|------------|------------------|---------|------------|----------|
| NAME OF COURSE | COURSE NO. | CHECK IF ON-LINE | CREDITS | START DATE | END DATE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List Future Plans _____

PLEASE READ & SIGN

An Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree, certificate or diploma. If any changes or revisions occur you must submit an updated plan. Tribal funding will be based on the academic year of October 1st to September 30th. If you do not satisfactorily complete any of the courses identified in your Academic Plan, you will be required to reimburse the Stockbridge-Munsee Community for the grant funds provided for those courses.

| | |
|------------------------------------|---|
| Student's Signature | Date |
| School Counselor/Advisor Signature | Date |
| Print Name (Counselor/Advisor) | School Counselor/Advisor Telephone Number |



Education & Employment and Training Division

Stockbridge-Munsee Community

P. O. Box 70

W13447 Camp 14 Road

Bowler Wisconsin 54416

Phone: 715-793-4100 or 1-800-720-2790 Fax: 715-793-4830

www.mohican-nsn.gov



ACADEMIC DEVELOPMENT PLAN

Academic Year: _____ - _____

(Please complete after you have registered)

If applicable, Please select: **1/4-TIME:** 1-5 credits ☐ **1/2-TIME:** 6-8 credits ☐ **3/4-TIME:** 9-11 credits ☐ **FULL-TIME:** 12+ credits ☐

| | | | |
|--------------------------|--|----------------------------|----------------------------|
| First Name | MI | Last Name | Social Security Number |
| Declared Major/ Minor | College/University Attending | College/University Address | College/University Phone # |
| Expected Graduation Date | Please indicate what grade level you will be in for semester checked below: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Professional | | |

IMPORTANT: COMPLETE ENTIRE NEXT SECTION

| PLEASE CHECK ONE BOX ONLY <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | | | | | |
|---|------------|------------------|---------|------------|----------|
| NAME OF COURSE | COURSE NO. | CHECK IF ON-LINE | CREDITS | START DATE | END DATE |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

List Future Plans _____

PLEASE READ & SIGN

An Academic Plan must be submitted for each semester/term you plan to attend. The academic plan is to assist you and your advisor with planning and selecting appropriate courses as required for your degree, certificate or diploma. If any changes or revisions occur you must submit an updated plan.

Tribal funding will be based on the academic year of October 1st to September 30th. If you do not satisfactorily complete any of the courses identified in your Academic Plan, you will be required to reimburse the Stockbridge-Munsee Community for the grant funds provided for those courses.

| | |
|------------------------------------|---|
| Student's Signature | Date |
| School Counselor/Advisor Signature | Date |
| Print Name (Counselor/Advisor) | School Counselor/Advisor Telephone Number |

**STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS**

**Higher Education
STATEMENT OF PRIVACY AND RELEASE OF INFORMATION**

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals about:

- The authority, whether granted by statute or by executive order of the President, which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- The principal purpose(s) for which the information is intended to be used.
- The routine uses which may be made of the information.
- The effects on him or her, if any, of not providing all or any part of the requested information.

The Higher Education Student College Assistance Program operates under the general authority of 24 USC Chapter 12, 42 Statute 208 P.L. 67-85, with specific legislation contained in 25 USC, subchapter E, Part 32, "Administration of Educational Loans, Grants and Other Assistance for Higher Education."

The applicant understands that the intent of collecting and maintaining this data is for determining eligibility and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals.

I have read the statement on privacy listed above. I hereby provide the required information and authorize the use of such information.

I hereby give permission to release any and all of the following information to the Stockbridge-Munsee Community or staff member for the purpose of the operation and reporting requirements of its Education programs:

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/transcripts, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office
- Financial Office, including all of the above examples

Student Signature _____

Date _____

Submit

**STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS**

**Higher Education
ACKNOWLEDGEMENT FORM**

I _____, have received and read a copy of the Stockbridge-Munsee Community Education & Employment and Training Program's Student Handbook, which outlines the terms and conditions of the Higher Education Program as well as my responsibilities. I understand that if I do not fulfill the terms and conditions of the Higher Education Program policies that I may be required to repay funding that I have received towards my education. I agree to provide transcripts at the conclusion of each term/semester, and to provide class schedules at the beginning of each term/semester. I understand that if I fail to provide the required information that my funding may be delayed, canceled or subject to repayment.

I have familiarized myself with the contents of the Higher Education Program's Student Handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Stockbridge-Munsee Community Education & Employment and Training Program's Student Handbook.

Student Signature _____

Date _____



STOCKBRIDGE-MUNSEE COMMUNITY
BAND OF MOHICAN INDIANS

Student Signature _____

Date _____

**Higher Education
FUNDING ACCEPTANCE AGREEMENT**

Initial each section after reading.

_____ I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course work I have selected. I further agree that the funds issued to me for educational purposes will be used for such purposes.

_____ I agree that I will provide **an official transcript** regarding my progress at the end of each term/semester. I will also provide a **class schedule** at the beginning of each term/semester I will be attending. I will provide updated contact information; including address, phone, and email address to the Education Department staff whenever they change. I will also furnish other information as requested by the Education Department staff in a timely manner.

_____ I understand that I am required to successfully complete the number of credits within each semester/term for which the Stockbridge-Munsee Higher Education grant was provided and earn an equivalent to a **minimum 2.0 Grade Point Average (GPA) per semester/term for undergraduate students** and an equivalent to a **minimum 3.0 Grade Point Average (GPA) for graduate students**. I understand that if I do not meet the minimum academic requirements it will affect my funding.

_____ I understand that if I do not provide the Education Department with evidence of my progress, I will be required to **REIMBURSE** the Education Department for the funding advanced to me and I will not qualify for any further Tribal Education funding until I have reimbursed the Education Department in full.

_____ I understand that if I withdraw before the term /semester is completed, drop out, receive a 0.0 GPA and 0 credits, or otherwise fail to complete the term, semester, or grading period I will be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

Student Signature _____

Date _____

Stockbridge-Munsee Community
Office of Accounting Services
Account Payables

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Customer
Name

First

Last

MI

Address

City

State

Zip Code

I hereby authorize Stockbridge-Munsee Community (SMC) and my bank to automatically make deposits into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Complete for DIRECT DEPOSIT

Bank Account

Checking

Savings

Circle Type of Account

It's safe and secure.

* Account Number

* No more lost or misplaced checks.

Bank Name

* Your check's automatically deposited into your account

Bank Routing #

* It eliminates a trip to the bank.

**If your bank account number has changed, you must provide a voided check or bank specification sheet.
For account verification, attach a voided check. The processing of this form will take at least two pay periods.*

Signature

Date

FOR ACCOUNTING SERVICES USE ONLY

Processed by

Date